BUSINESS PSYCHOLOGY ASSOCIATES - Policy Procedure Checklist

Provider:	
Site:	
Services:	
Reviewer:	
Date:	

		Pe	oints	
IDAPA 16	.07.20 Required Policies & Procedures, Descriptions, and Written Reports	Earned	Possible (Yes=1, No=0, NA=blank)	Comments
103	Co-occurring Capable [Review completed DDCAT]			
160	Disclosure of Ownership			
165	Mission Statement, Goals, Objectives			
175	Fiscal Management			
180	Management Information System			
200	Description of Services			
210	Personnel Policies and Procedures			
221	Volunteers			
223	Student/ISAS/Trainee Practice			
224	Plan for Activities of QSUDPs			
330	Qualitiy Assurance			
350	Client Rights			
360	Admission Policies and Procedures			
370	Assessment			
371	Assessment and Referral Services			
375	Client Records Requirements			
376	Maintenance of Client Records			
380	Individualized Service Plan			
385	Referral of Clients			
391	Emergency Preparedness Plan			
392	Medical Emergency Services			

BUSINESS PSYCHOLOGY ASSOCIATES - Policy Procedure Checklist

	Notification of Death, Serious Incident, Accident, Fire, Loss of			
393	Records or Other Client Identifying Information			
394	Administration of Medications			
396	Residential and Transitional Facility Environment			
398	Infection Control			
399	Plant Technology			
452	Services for Children and Adolescents			
	Services for Women with Dependent Children [Review			
453	checklist and MOUs]			
500	Residential Social Detox Facility			
510	Level 4 – Medically Monitored Inpatient			
520	Level 3.5 (Adolescents) – Medium Intensity Residential			
530	Level 3.5 (Adults) – Medium Intensity Residential			
540	Level 3.1 – Low-Intensity Residential			
600	Level I – OP and Level II.1 – Intensive OP			
620-622	Drug Court OP			
630	Child and Adolescent Transitional Residential			
700	Adult Staffed Safe and Sober Housing			
710	Child Care			
720	Life Skills			
730	Transportation			
740	Alcohol and Drug Testing			
745	Basic and Intensive Case Management			
	Total	0	0	

Policy & Procedure Treatment Facility Audit Tool 2 of 18

BUSINESS PSYCHOLOGY ASSOCIATES - Personnel Record and Clinical Supervision Audit

Provider:	0
Date:	1/0/00
Reviewer:	0

	Position [view a random sample of various staff members if agency			Check clinician on BPA List
	employs more than 7]	Name	DOH	("x" if on BPA list)
1	Executive Director			
2	Treatment Supervisor			
3	Clinical Supervisor			
4				
5				
6				
7				
8				
9				
10				

Number of SAMPLED staff:

^{*} If less than 100% on scored items 90 day provisional

	Personnel Records by Staff (enter 1 if present)																Ро	ints																																	
IDAPA Bo	IDAPA Boguiroment		1		1		1		1		1		1		1		1		1		1		1		1		1		1			2		3	4	4	į	5	(6	7	7	8	8	9	9	1	.0	Faun	Doss	Comments
16.07.20	Requirement	S	Р	S	Р	S	Р	S	Р	S	Р	S	Р	S	Р	S	Р	S	Р	S	Р	Earn	Poss.																												
210.05. a	Application / resume (ALL staff)																					0	0																												
210.05.b	References																					0	0																												
210.05.c	*Licenses / Certifications																					0	0																												

BUSINESS PSYCHOLOGY ASSOCIATES - Personnel Record and Clinical Supervision Audit

210.05.d	Code of Ethics												0	0	
210.05.f	Annual Performance Appraisal [NA = blank if employed less than I year]												0	0	
210.05.j	Employee Incident Reports (process)												0	0	
210.05.k	*Department Criminal History												0	0	
210.05.l	TB Test (3 years)												0	0	
210.05.m	Orientation w/i 30 days												0	0	
210.05.n	*CPR & 1st Aid (one person on- site) [Review personnel file]												0	0	
210.06	Job Description												0	0	
										Sı	ub-to	tal:	0	0	

BUSINESS PSYCHOLOGY ASSOCIATES - Personnel Record and Clinical Supervision Audit

											0	0	#DIV/0!
											0	0	#DIV/0!
								S	ub-to	tal:	0	0	
									то	TAL:	0	0	l
									Sec. 201		Sub-total:	Sub-total: 0	Sub-total: 0 0

Provider:	0									
Reviewer:	0	Date:	1/0/00							
	ALL [** are core items]									
IDAPA		POINTS								
16.07.20	COMMENTS	EARNED	POSS.	COMMENTS						
175.06	Safekeeping of Client's Valuables. If safekeeping client's funds or other valuables, must maintain and inventory of valuables. A proper accounting of client's funds/valuable deposited with the program for safekeeping or expenditure must be kept and made available to authorized individuals for review—including the client, immediate family, or guardian. At the time of depositing funds/valuables with the program, the client must sign a receipt for all such funds/valuable with one copy to client and one to program. [yes=10, no=0, NA=blank]									
350.02	Personal Privacy. Each client's personal privacy must be assured/protected. Family/significant others-regardless of their age—must be allowed to visit during regular visiting hours, unless visits are clinically contraindicated. Suitable areas for visits in private, unless contraindicated. In residential, clients must be allowed to send/receive mail and to conduct private phone conversation with family and friends unless contraindicated. Restrictions must be fully explained to the client and re-evaluated by QP every at least 3 days. [yes=20, no=0, NA=blank]									
350.05.b	Client Rights posted/correct. Copies of programs rights must be posted in conspicuous place. [yes=10, no=0]		10							
360.04	Provisions for Civil Protective Custody Idaho Code Section 39-307A** [yes=10, no=0] Look for statement in application		10							
376.01	Active Records stored on site. Active client records must be kept at the site where client is being treated. [yes=10, no=0]		10							
376.04	Secure File Storage/FAX match. Must provide facilities for the storage, processing and handling of client records, including locked and secured rooms and files. [yes=20, no=0]		20							

16.07.20	COMMENTS	EARNED	POSS.	COMMENTS
376.05	Electronic Storage. When storing client data in electronic/automated information system, must have security measures to prevent inadvertent/unauthorized access to data. [yes=20, no=0] Click windows L to verify locked screen setting		20	
390.01	Safe Fixtures. Fixtures and equipment designated for each service must be constructed or modified in a manner that provides pleasant and functional areas that are accessible to all clients regardless of disabilities. [yes=5, no=0]		5	
390.05	ADA Compliant - 28 CFR Sections 36.304 (remove barriers) & 36.305 (alternatives to removal of barriers). Ramps, bathroom doors large enough for wheelchair, grab bars, hand railings on stairs, non-retractable faucet handles. [yes=20, no=0]		20	
394.01 .02	Medication Administration. Self-administered—only under supervision of staff. Prescription meds permitted only when client has a prescription. Meds must be available to client as prescribed; must provide secure storage of OTC/prescription meds; must have P&P. [yes=10, no=0, NA=blank]			
399.01.a	Annual Fire Inspection. Prior to initial occupancy and annually thereafter. Documentation must be kept on file. ** [yes=20, no=0]		20	
399.02.b	Premises free of trash/debris. Grounds must be maintained to provide safe access in a safe environment; specific plans for maintenance, supervision and safe use of all grounds; must be kept free from accumulation of weeds, trash, and rubbish. [yes=10, no=0]		10	
399.04.c	Exit plans and instructions. All staff must be advised of actions required under emergency conditions; diagrams of building should show emergency protection areas and evacuation routes; exits must be conspicuously posted throughout the building; outline of emergency instructions must be posted with the diagram. [yes=10, no=0]		10	
399.04.d	Fire Extinguishers (per floor/kitchen). Minimum of one 2-A-10BC type fire extinguisher per floor; kitchen—extinguisher must be in or immediately adjacent to kitchen. Must be inspected annually by a fire extinguisher service agency. [yes=20, no=0]		20	
399.04.e	Illuminated Fire exit signs. [yes=10, no=0]		10	

16.07.20	COMMENTS	EARNED	POSS.	COMMENTS
399.04.f	Fire alarm/smoke detectors. Each work shift must have staff trained and responsible for implementing the fire plan and activation of the non-automatic components of fire safety system; Detection system and any sprinkler system must be under direct supervision of a staff member who must cause proper test to be made at specific intervals and must have general charge of all alterations and additions. ** [yes=20, no=0] Have staff member demonstrate		20	
399.04.f.ii	Fire Drills Every 30 Days. One every 30 days at unexpected times and varying conditions. Record must be maintained and include date/time, response of staff/clients, problems encountered and recommendations for improvement. [yes=10, no=0]		10	
399.08	Adequate Heating, Ventilation and Air Cconditionaing (HVAC). Must be designed, installed, operated and maintained in a manner that provides a comfortable and safe environment. [yes=10, no=0]		10	
399.09	Adequate Plumbing. Must be designed, installed, operated and maintained in a manner that provides a safe supply of water for all required facility operations and facilities the complete and safe removal of all storm water and waste water. [yes=10, no=0]		10	
399.12.a	First Aid Kits - Staff Awareness. Sites that do not have emergency medical care resources must have first aid kits and staff trained to use as well as one staff member onsite and available for CPR at all times. [yes=5, no=0]		5	
399.13.a	Smoking. Posted written regulations. If permitted, must designate smoking area for clients, staff, and public. [yes=5, no=0, NA=blank]			
399.13.b	Tobacco Use . If agency allows tobaccao it must NOT be used in buildings, housing, or vehicles transporting children/adolescents or used in their presence. [yes=10, no=0, NA=blank]			
399.14.c	Wood Stoves. Must have railings or other protection designed to prevent residents from coming into contact with stove surfaces. [yes=15, no=0, NA=blank]			

16.07.20	COMMENTS	EARNED	POSS.	COMMENTS
399.14.f.	No Portable Heaters. Of any kind are prohibited; portable electric space heaters and moveable fuel-fired heaters. Exceptions—heated mattress pads, electric blankets and heating pads when order by authorized provider - physician. [no heaters found=15, when found=0]		15	
399.14.g	Storage of Flammable Materials. Cannot be stored in the facility unless the building is protected throughout by an approved automatic fire extinguishing system. [proper storage=15, no=0] If no auto-sprinkler system, can not store on site		15	
	ALL SUB-TOTAL	0	250	
	RESIDENTIAL FACILITIES			
IDAPA			POIN	TS
16.07.20	COMMENTS	POSS.	EARNED	COMMENTS
396.01.e	Mirrors. Mirrors must be placed as an aid in grooming and to enhance client self-awareness. [yes=5, no=0]			
396.01.f	Closet/Drawer Space. Ample closet/drawer space for storage of person property and property provided for resident's use. [yes=5, no=0]			
396.02 ab.	Bedrooms. A) Must assure sleeping areas are not in attics, stairs, halls, or any room commonly used for other than bedroom purposes. B) sufficient window space for natural light and ventilation. Egress/rescue windows must comply with Uniform Building Code. [yes=20, no=0]			
396.02.c	Square Footage. Bedrooms: 70 sq. feet, exclusive of closet space, in single occupancy room. At least 45 sq. feet per occupant in multiple occupancy room, exclusive of closet space. Minimum of 3 feet between sides of beds and 2 feet at end of beds. [yes=10, no=0]			
396.02.d	Windows & Screens. Must be provided on all operable windows. [yes=5, no=0]			
396.02.e	Ceiling Height in Bedrooms. Must be at least 7 feet, 6 inches. [yes=5, no=0]			
396.02.f.	Doors for Bedroom Privacy. Doorways to sleeping areas must be provided with doors in order to provide privacy. [yes=10, no=0]			
396.02.g	Bed/Bathrooms. Separated by gender. [yes=10, no=0]			

16.07.20	COMMENTS	EARNED	POSS.	COMMENTS
396.03.a	Areas for Social Activities. Available for full range of activities from 2 person conversation to group activities. [yes=5, no=0]			
396.03.b. and b.i.	Furniture Clean & Comfortable. b. Furniture, furnishings and equipment must be available to accommodate all occupants. b.i. Furnishing/furniture, equipment must be available to accommodate all occupants; must be comfortable and in clean/good condition. [yes=10, no=0]			
396.03.b.ii	Appliances in Good Condition. Equipment/appliances must be in good operating order. [yes=10, no=0]			
396.03.c.	Clocks & Calendars. To promote awareness of time and season, clocks and calendars must be provided at least in the major areas. [yes=5, no=0]			
397.01	Housekeeping Services. Personnel must be provided to maintain the interior/exterior in a safe, clean, orderly, and attractive manner. After discharge, the room must be thoroughly cleaned, including bedding and furnishings; storage areas, attics, basements, and grounds must be kept free of refuse, litter, weeds etc detrimental to health, safety, welfare of clients/staff. [yes=10, no=0]			
397.03	Laundry Facilities. 1 washing machine and dryer must be provided unless other approved laundry facilities are available. Must be located separate from kitchen, dining, and living areas. [yes=5, no=0]			
397.04	All Areas Clean. Personnel and equipment must be provided to maintain clean, safe, and orderly environment. [yes=5, no=0]			
	RESIDENTIAL SUB-TOTAL	0	0	
	CEDWICES FOR CHILDREN AND ADOLES	CENTS		
IDAPA	SERVICES FOR CHILDREN AND ADOLES	CENTS	POIN	TS
16.07.20	COMMENTS	POSS.		COMMENTS
394.02	Storage of Medication Admin. in Child/Adol. Residential. The program will provide secured central storage of prescribed and over the counter medication. [yes=20, no=0, NA=blank]			

16.07.20	COMMENTS	EARNED	POSS.	COMMENTS
452.01	Separate Services from Adults. Provide children and adolescent services separate from adult services except for "continued care" described in Subsection 452.03 of these rules. [yes=20, no=0, NA=blank]			
	SERVICES FOR CHILDREN & ADOLESCENTS SUB-TOTAL	0	0	
	TOTAL	0	250	

BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Chart Audit

Provider Name & Site Location:	
Funding Type:	
Adult or Adol.:	
Audit Date:	
Auditor (s):	
# of Records Audited:	

	Client ID#(s)						
1	6						
2	7						
3	8						
4	9						
5	10						

COPY SCORES FROM CLINICAL QUALITY CHART AUDIT [can use scores from prior audit if conducted within past 6 months]			Cliont 3	Client-2	Cliont 3	Client-3	Cliont	Client-4	Clipst 6	Cilelle	Oliont-6		Cliont 7	Chent-7	Cliont-8	o-nein-o	Oliont	Glent-9	Clipst-10	Ollelle	Age To	ncy tal	% Total
	S	Р	S	Р	S	Р	S	Р	S	Р	S	Р	S	Р	S	Р	S	Р	S	Р	S	Р	1
Client Rights**																					0	0	#DIV/0!
Client Releases & Collateral Contacts																					0	0	#DIV/0!
Referrals for Testing																					0	0	#DIV/0!
Client Records																					0	0	#DIV/0!
Individualized Service Plan & Discharge Summary																					0	0	#DIV/0!
PWWC																					0	0	#DIV/0!
Overall Score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
Percent Totals:	#DI	V/0!	#DI	V/0!	#DI	V/0!	#DI	V/0!	#DI	V/0!	#DI	V/0!	#DI	V/0!	#DI	V/0!	#DI	V/0!	#DI	V/0!			

BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Chart Audit

KEY
P-(Possible)
S-(Score Earned)

Clinical Quality Chart Treatment Facility Audit Tool 13 of 18

DEPARTMENT OF HEALTH AND WELFARE SUBSTANCE ABUSE PROGRAM IDAHO STATE APPROVAL SCORING WORKSHEET

RSS		Treatment	Х
PROVIDER: (0		
SITE:	0		
PROGRAM SERVICES: (0		

	Score	Score	
Section	Earned	Possible	% Totals
Policies & Procedures:	0	0	#DIV/0!
Personnel:	0	0	#DIV/0!
Facility Walk-through:	0	250	0%
Clinical Quality Chart Audit:	0	0	#DIV/0!
TOTA	AL 0	250	0%

BUSINESS PSYCHOLOGY ASSOCIATES

TREATMENT FACILITY SITE DATA FORM

(initial by DHW then BPA bi-annually)

Facility Name: ()
Facility Address:	
Date Application Received:	
Date Approved:	

The Facility Site Data Form provides information about individual facilities. One form must be completed for each facility to be approved under this application. Separate documentation must be provided for each facility. The following chart indicates what documentation must be attached to facility data forms as per IDAPA 16.07.20 - ASUD Treatment & RSS Facilities & Programs 130. INITIAL APPLICATION and 135. Renewal of Approval of an Alcohol and Substance Use Disorders Treatment OR Recovery Support Services Program.

	New A	plication	Renewal	
Documentation	Res. Facility	OP Facility	Res & OP Facility	Completed? (yes=1, no=0, NA=blank)
RSS Provider Agreement sent and signed. (RSS	- u.u.u.y			14A-bianky
only)				
Application for approval of a program must be to				
DHW at least 90 days prior to the opening date.	Χ	Х		
[look at date on application]				
135. Application for Renewal made 90 days prior				
to expiration for renewals. [look at date on			X	
application]				
130.01.c.i or 135.01.A.i.ii. Written statement				
that discloses regarding any revocation of license,				
certification or approval or any other disciplinary	Х	Х	Χ	
actions, including fraud, waste and abuse				
investigations.				
130.01.d. or 135.01.d. Written statement that discloses any present or previous issues with IRS or ID Tax Commission for the past 5 yrs.	х	Х	Х	
130.01.e. Certificate of Assumed Business Name.	Х	Х		
130.01.f Detailed floor plan.	Х	Х		
130.01.g. or 135.01.e Disclosure of ownership	Х	Х	Х	
(see also 160).	^	^	^	
130.01.h.i. Certificate of Occupancy	Χ	Χ	X	
130.01.h.ii. Certificate of Fire Inspection	Х	Х	Χ	
130.01.h.iii. Food Service Permit (if food is prepared and served)	Х	Х	Х	

BUSINESS PSYCHOLOGY ASSOCIATES

		ı	T	1
130.01 h.iv. Joint Commission or CARF Certificate	X	Х	Х	
if accredited.				
130.01.i. Menus reviewed and approved by	.,			
registered dietician w/in prior 12 mos if	Χ		Х	
prepare/serve food.				
130.01.j.i. Statement establishing geographic	Χ	Х	Х	
area of where services will be provided.				
130.01.j.iv. Program's plans to secure additional	Χ	Х	Х	
funding. 130.01 j iv. Plan for measuring and reporting				
	Χ	Х	Х	
outcomes.				
130.01.k. Statement from E.D. indicating read the	.,	.,		
Alcoholism and Intoxication Treatment Act and	Χ	Х		
are prepared to comply with provisions.				
130.02 or 135.02 Liability insurance (professional	Χ	Х	Х	
\$500,000 /\$1 million and auto (\$1 mill/\$3 mill).				
130.03 or 135.03 Provide electronic version of	Х	Х	X	
Policies and Procedures				
130.04 or 135.04 Staff composition for: Executive	Χ	Х	Х	
Director (Resume, Licenses/certifications)				
130.04 or 135.04 Staff composition for: Clinical	Х	Х	Х	
Supervisor (Resume, Licenses/certifications)	^	, ,	~	
130.04 or 135.04 Staff composition for:				
Treatment Supervisor (Resume,	Χ	Х	Х	
Licenses/certifications)				
130.05 or 135.01.H Lease/Deed	Χ	Χ	Х	
175.01 - 04 & 06 Fiscal Management				
01. ED must maintain fiscal responsibility				
02. Annual budget with expected revenues and				
expenses	Χ	Х	Х	
03. Fee schedule				
04. Reporting mechanism				
06. Safekeeping of client valuables				
180. Management information system (Also				
130.01v.)				
01. Automated or manual management	Χ	Х	Х	
information system.			1	
02. Demonstration of provided services.			1	
200.01 Description of services (see also 130. Initial				
Approval). 01. Content of written plan for				
provision of services.				
a. Mission statement, goals, and objectives				
developed by governing body (per Section 165)				
1 -1	I	I	I	1

BUSINESS PSYCHOLOGY ASSOCIATES

b. Goals/objectives that identify annual and long-range needs of program (Also 130.01 j.iii). i. Specified for each facility. ii. Written so performance can be measured. c. Description of process for developing, adopting and implementing goals/objectives. d. Client population served-age, relevant characteristics. e. Hours & days services provided. f. Inventory of Treatment - written plan and annual review per Section 130.01 and as defined in Section 012. g. Description of RSS. h. Annual evaluation of service needs in area, description of unment needs, goals for improving unment needs. i. Annual evaluation of collaboration w/ other SUD providers in achievement of comprehensive systme of care in service area. j. Intake/admission process - including initial contact. k. Assessment & evaluation procedures used.	X	X	X	
200.02 Distribution of written plan for provision of services.	Х	Х	Х	
200.03 Annual review of written plan for provision				
of services	Χ	Χ		
215. Supervisory staff.03 Satellite Locations	Х	Х	Х	
700.06 Certified Home Inspection in an Adult Staffed Safe and Sober Housing Facility	Х	^		

Any zeros indicate incomplete application. Contact provider for missing information.

DIVISION OF BEHAVIORAL HEALTH - FACILITY APPROVAL SUMMARY TREATMENT RSS NEW RENEWAL RELOCATE ADD SERVICE **ADD SITE** Provider: Date(s) of review: **Mailing Address: Reviewer: Reviewer Contact Info.:** Phone: Fax: **CATEGORIES SCORE** (percentages) Email: **Policy & Procedures:** #DIV/0! **Executive Director: Personnel Protocols:** #DIV/0! Facility Walk-through: **Primary Contact:** 0% **Recommended length of Clinical Quality:** #DIV/0! **Overall:** 0% approval: **Approved Service Site #1** Address: Phone: Fax: **Approved Services: Clinical Supervisor: Treatment Supervisor:** Population(s) Served: House Manager(s): Notes/comments: Approved Service Site # 2 (attach additional pages as needed) Address: Phone: Fax: **Approved Services: Clinical Supervisor:**

Treatment Supervisor:
Population(s) Served:
House Manager(s):

Notes/comments: